



## SCOTTSDALE AIRPORT TEMPORARY ACTIVITY PERMIT

*(Required for all special activities on the airport or adjacent to airport taxilanes)*

### Application for:

- ☐ Commercial Photography Permit  
☐ Construction Permit

- ☐ Aircraft Static Display  
☐ Special Event Permit

Describe Proposed Activity & Location:

Date: \_\_\_\_\_ Time: \_\_\_\_\_

Applicant: (Business Name) \_\_\_\_\_

Authorized Representative: \_\_\_\_\_ Title: \_\_\_\_\_

Phone (work): \_\_\_\_\_ (fax): \_\_\_\_\_ (emergency): \_\_\_\_\_

Business/Local Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Billing Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Email Address: \_\_\_\_\_

***The Applicant hereby requests the above action(s), and in consideration of this request being granted, agrees to the following:***

- ✦ **FEE PAYMENT:** The Applicant agrees to pay escort and all other required fees on time.
- ✦ **PERMIT LIMITATIONS:** This permit may not be assigned or transferred
- ✦ **INFORMATION CHANGES:** The Applicant shall notify the Airport Administration Office in writing within fifteen (15) days of any change to the information provided on this form.
- ✦ **RELEASE OF LIABILITY:** The City assumes no liability for damage or loss to personal property while operating at Scottsdale Airport.
- ✦ **INDEMNIFICATION:** The Applicant and invitees shall indemnify the city pursuant to Chapter 5 of the Scottsdale Revised Code.
- ✦ **COMPLIANCE WITH THE LAW:** The Applicant shall comply with all applicable laws, ordinances, rules and regulations.

*The undersigned representative certifies he/she is authorized to sign for the business and acknowledges receipt of a copy of this permit.*

Authorized Representative's Signature

Date signed

**Return Original To: 15000 North Airport Drive, Suite 200, Scottsdale, AZ 85260**

\*\*\*\*\* Airport Administration Use Only \*\*\*\*\*

*Indicate documents provided to applicant*

- |   |   |
|---|---|
| <input type="checkbox"/> City Code - Chapter Five         | <input type="checkbox"/> Receipt for Payment of Fees      |
| <input type="checkbox"/> Airport Rule and Regulations     | <input type="checkbox"/> Airport Driver/Vehicle Permit(s) |
| <input type="checkbox"/> Airport Wingspan Restriction Map |   |

*Attach copies of required documents / fees*

- |  |  |
|--|--|
| <input type="checkbox"/> Commercial Photography Permit | <input type="checkbox"/> City Encroachment Permit    |
| <input type="checkbox"/> Event Narrative               | <input type="checkbox"/> Special Events Permit       |
| <input type="checkbox"/> Security Plan                 | <input type="checkbox"/> Certificate(s) of Insurance |
| <input type="checkbox"/> Airport Operations Escort Fee | Approved by: _____                                   |

\_\_\_\_\_ (hours) x \$54.14/hour

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AIRPORT DIRECTOR'S COMMENTS

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Approved by

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Airport Director (or designee)

Date signed